SCHEDULE A (FEC Form 3)

Use separate schedule(s)

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IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page			11a 12		11b 13a	F	11c	\Box	11d 14	□₁	15					
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\setminus	NAME OF COMMITTEE (In Full) McFadden for Senate																	
Α.	Full Name (Last, First, Middle Initial) THOMAS C. SULLIVAN							Date of Receipt										
	Mailing Address PO BOX 777	11																
City State MEDINA OH			Zip Code 44258-0777	Transaction ID : SA11.2855														
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period								-	382.3					
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В.	Fuli Name (Last, First, Middle Initial) THOMAS C. SULLIVAN							Date of Receipt										
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	Name of Employer NONE	Occupation RETIRED	NORWOOD IN CO.	CONTRIBUTION														
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C	Full Name (Last, First, Middle Initial) THOMAS C. SULLIVAN						Date of Receipt											
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	City MEDINA	State OH	44258-0777		Tra	nsacti	ion	ID : S	A1	1.2856								
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